

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>LAFAYETTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>LAFAYETTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEXINGTON</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LEXINGTON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>N. 10th ST.</b>		d. STREET ADDRESS (If rural, give location) <b>N. 10th ST.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>HERMAN</b> b. (Middle) _____ c. (Last) <b>SCHULTZE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-29-48</b>		
5. SEX <b>U</b> <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>12-29-1868</b>	9. AGE (In years last birthday) <b>80</b>	10. UNDER 1 YEAR <b>11</b> Months <b>29</b> Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>LEXINGTON MO</b>	
13a. FATHER'S NAME <b>HERMAN SCHULTZE</b>			13b. MOTHER'S MAIDEN NAME <b>MARGARET RUPPEL</b>		14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>MRS GEO. W. McKEAY</b> ADDRESS <b>LEX. MO</b>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		DUPLICATE OF (b) <b>High blood pressure</b>		<b>2 days</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to **Dec 28, 1948**, that I last saw the deceased alive on **Dec 28, 1948**, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. O. Code M.D.</b> (Degree or title)		23b. ADDRESS <b>1621 Main St. Lexington Mo.</b>		23c. DATE SIGNED <b>1-25-49</b>	
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24a. BURIAL CREMATION REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-29-48</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MACH PELAB CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>LEXINGTON MO.</b>	
DATE REC'D BY LOCAL REG. _____		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE <b>FORREST E. TEMPLE</b>		ADDRESS <b>LEX. MO.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED  
District Health Officer No. 8,  
District File Number \_\_\_\_\_  
Date Filed 2-10-49

copy

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Geo. M. Keane

Licensed Embalmer No. 2983

P. O. Address Trumbull, Conn.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.